

## **Table of Contents**

**State/Territory Name: Texas**

**State Plan Amendment (SPA) #: 21-0044**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

January 18, 2022

Ms. Stephanie Stephens  
State Medicaid/CHIP Director  
Health and Human Services Commission  
Mail Code: H100  
Post Office Box 13247  
Austin, Texas 78711

RE: Texas TN 21-0044

Dear Ms. Stephens:

We have reviewed the proposed Texas State Plan Amendment (SPA) to Attachment 4.19-B, TX#21-0044, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 21, 2021. The proposed amendment updates the Ambulatory Surgical Centers fee schedule.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan page.



If you have any additional questions or need further assistance, please contact Monica Neiman at: [Monica.Neiman@cms.hhs.gov](mailto:Monica.Neiman@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER: <b>21-0044</b>	2. STATE: <b>TEXAS</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: <b>October 1, 2021</b>	
5. TYPE OF PLAN MATERIAL ( <i>Circle One</i> ): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )		
6. FEDERAL STATUTE/REGULATION CITATION:  <b>Social Security Act §1902(a)(30); 42 CFR §447.201(b).</b>	7. FEDERAL BUDGET IMPACT: <b>SEE ATTACHMENT</b> * Figures in the thousands a. FFY 2022 \$2* b. FFY 2023 \$2* c. FFY 2024 \$2*	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 4.19-B Page 7 (g)</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  <b>Attachment 4.19-B Page 7 (g) (TN 21-0037)</b>	
10. SUBJECT OF AMENDMENT:  <b>The proposed amendment updates the Ambulatory Surgical Centers fee schedule.</b>		
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt. <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:  <small>Digitally signed by Stephanie Stephens Date: 2021.12.20 11:00:49 -06'00'</small>	16. RETURN TO:  <b>Stephanie Stephens State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711</b>	
13. TYPED NAME:  <b>Stephanie Stephens</b>		
14. TITLE:  <b>State Medicaid Director</b>		
15. DATE SUBMITTED:  <b>12/21/2021</b>		
<b>FOR REGIONAL OFFICE USE ONLY</b>		
17. DATE RECEIVED: <b>December 21, 2021</b>	18. DATE APPROVED: <b>January 18, 2021</b>	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL:  <b>October 1, 2021</b>	20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME:  <b>Todd McMillion</b>	22. TITLE:  <b>Director, Division of Reimbursement Review</b>	
23. REMARKS:		

**16. Ambulatory Surgical Centers (ASCs) (Continued)**

(f) Example 2:

1. Billed charges = \$75.00
2. Medicaid published fee = \$80.00
3. Lesser of billed charges or Medicaid published fee = \$75.00, which becomes the allowed amount.
4. Since the billed charges are not greater than the Medicaid fee plus the 5.2 percent high-volume provider payment add-on (i.e.,  $\$80.00 + \$4.16 = \$84.16$ ), no high-volume provider payment add-on is applied, resulting in the actual payment to the provider of \$75.00.

(g) Example 3:

1. Billed charges = \$82.00
2. Medicaid published fee = \$80.00
3. Lesser of billed charges or Medicaid published fee = \$80.00, which becomes the allowed amount.
4. Since the billed charges are not greater than the Medicaid fee plus the 5.2 percent high-volume provider payment add-on (i.e.,  $\$80.00 + \$4.16 = \$84.16$ ), only part of the high-volume provider payment add-on is applied (i.e., up to the billed charges) resulting in the actual payment to the provider of \$82.00.

(h) Medicaid payments for ASC services do not exceed Medicare payments for these same ASC services.

(i) The agency's fee schedule was revised with new fees effective October 1, 2021, and is effective for services provided on or after that date. The fee schedule posted on the agency's website on November 17, 2021.

(j) All fee schedules are available through the agency's website as outlined on attachment 4.19-B, page 1.

TN: 21-0044

Approval Date: January 18, 2022

Superseded TN: 21-0037

Effective Date: 10/01/2021